

## **WELFARE FRAUD COMPLAINT FORM**

1. Please complete all fields in the form below to the best of your ability.
2. Submit the form by:
  - Fax: 208/334-0686; or
  - Mail: Welfare Fraud Investigations Unit  
P. O. Box 83720  
Boise, ID 83720-0036

Your Name (optional):

Your contact information (daytime phone, address):

---

Participant's Name:

Participant's Address:

Participant's Telephone Number:

Participant's Birth Date (or Approximate Age):

Client ID Number:

Gender:

Participant's Social Security Number:

Programs: ☐ Cash Assistance ☐ Child Care ☐ Food Stamps ☐ Medical

Name and Age of Participant's Children and their Client ID Number (if known):

Complaint:

Fraud Hotline (toll free number) 866-635-7515